

Frequently Asked Question (FAQ)

FAQ ID: 17972 Publish Date: 10/28/2016

Program Area: Agent Broker
Primary Category: Eligibility and Enrollment
Secondary Category: Financial Assistance

Question: If a consumer decides to keep his or her existing plan (assuming the plan is still available), will his or her advance payments of the premium tax credit (APTC) be re-calculated during auto re-enrollment if the consumer does not update his or her financial information online?

Answer: Yes—assuming the consumer has previously authorized the Marketplace to check with the IRS for updated income information for the purposes of annual redetermination. Based on the plan year 2017 annual eligibility redetermination and re-enrollment guidance released by CMS on May 10, 2016, the amount of financial assistance a consumer is eligible for will be recalculated based on the most recent income and family size information available to the Marketplace, updated federal poverty level tables, and 2017 plan premiums. A consumer will be auto re-enrolled in the same plan or, if the same plan is unavailable, a similar plan available to the consumer based on the 2017 plan crosswalk provided by the issuers or in a selected alternative plan from a different issuer. For more details, review the guidance at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ARR-2017-Guidance-051016-508.pdf>

Frequently Asked Question (FAQ)

FAQ ID: 17976 Publish Date: 10/28/2016

Program Area: Agent Broker

Primary Category: SHOP Marketplace

Secondary Category: General

Question: Will an employer be accepted into the Small Business Health Options Program (SHOP) Marketplace during the Minimum Participation Rate (MPR) waiver period (November 15 to December 15) if the only members enrolling in the plan are the owner and the spouse?

Answer: No—to qualify, small employers must still meet the requirement to have at least one employee enrolling in coverage who is not an owner, co-owner or spouse of an owner or co-owner.

Frequently Asked Question (FAQ)

FAQ ID: 17980

Publish Date: 10/28/2015

Program Area: Agent Broker**Primary Category:** Agents and Brokers in the FFMs**Secondary Category:** Compensation**Question:** How do I receive my commissions for assisting consumers with selecting and enrolling in coverage for plan year 2017 through the Marketplace?**Answer:** Agents and brokers in the Marketplace are credited via the 834 enrollment transactions in accordance with their agreements with qualified health plan (QHP) issuers and any state-specific requirements. The Marketplace does not directly appoint agents or brokers and do not set compensation/credit levels. To the extent permitted by a state, agents and brokers may receive compensation/credit from QHP issuers in the form of commissions as a result of assisting qualified individuals in selecting QHPs through the Marketplaces. A QHP issuer must pay the same compensation/credit for QHPs offered through the Marketplace as it does for similar health plans offered in the state but outside of the Marketplace.
Agents and brokers should ensure they enter a correct National Producer Number (NPN) in their Marketplace Learning Management System (MLMS) profiles to ensure issuers are able to credit them appropriately.

Frequently Asked Question (FAQ)

FAQ ID: 17973 Publish Date: 10/28/2016

Program Area: Agent Broker**Primary Category:** Eligibility and Enrollment**Secondary Category:** Financial Assistance**Question:** Will consumers have a 90-day grace period when making a payment to an issuer, even if they lose the Advanced Premium Tax Credit (APTC)?**Answer:** No— If an enrollee who is receiving APTC enters a three-month grace period for non-payment of premium and, during months one or two of the grace period, becomes ineligible for APTC, the remaining length of the grace period is governed by state rules. For example, if an enrollee becomes ineligible for APTC during month two of the three-month grace period, and the termination of APTC takes effect on the first day of the third month of the grace period, the remaining grace period would be governed by state rules. If the same situation occurred during the third month of the APTC grace period, the APTC termination would take effect on the day after the APTC grace period expires and would not give rise to an additional state-rules grace period.

Frequently Asked Question (FAQ)

FAQ ID: 17977 Publish Date: 10/28/2016

Program Area: Agent Broker**Primary Category:** Agents and Brokers in the FFMs**Secondary Category:** Other**Question:** Are agents and brokers allowed to log in to HealthCare.gov on behalf of a consumer to complete his or her application and choose the consumer's health care coverage?**Answer:** No—If the consumer is using HealthCare.gov and the agent or broker is helping the consumer, CMS requires that the consumer log in with his or her own credentials (i.e., user name and password). The consumer's credentials are confidential and should not be shared with the agent or broker. However, if an agent or broker is assisting the consumer using the Direct Enrollment Pathway, which is sometimes known as the issuer-based or web-broker pathway, then the agent and broker can log in to the issuer's or web-broker's website and complete an application on behalf of the consumer.

Frequently Asked Question (FAQ)

FAQ ID: 17981 Publish Date: 10/28/2016

Program Area: Agent Broker**Primary Category:** SHOP Marketplace**Secondary Category:** Other**Question:** Will my consumers need to reauthorize me as their agent or broker upon renewal in the Small Business Health options (SHOP) Marketplace?**Answer:** No—once the agent or broker and employer relationship has been established, that relationship will remain valid as long as the agent or broker has completed the registration and training requirements for the SHOP Marketplace for the current plan year. If an employer wants to end the relationship with the agent or broker and add a different one to the account, he or she can do that by logging into their SHOP account on HealthCare.gov. Otherwise the agent or broker will automatically remain on the application upon renewal.

Frequently Asked Question (FAQ)

FAQ ID: 17974 Publish Date: 10/28/2016

Program Area: Agent Broker
Primary Category: Eligibility and Enrollment
Secondary Category: General

Question: If a consumer in the Individual Marketplace enrolled in coverage for plan year 2016 in September, will he or she need to re-enroll for plan year 2017 coverage?

Answer: If a consumer in the Individual Marketplace enrolled in September 2016 for plan year 2016 coverage, he or she will be included in the auto re-enrollment group for plan year 2017 coverage. Once the consumer is re-enrolled, a 2017 application will prepopulate on the consumer's HealthCare.gov account. Agents and brokers can make changes to the consumer's prepopulated application by selecting "Report a life change," or direct consumers to update their information by logging into HealthCare.gov and clicking "Start a New Application or Update an Existing One" and then "Review My Application."

Frequently Asked Question (FAQ)

FAQ ID: 17978

Publish Date: 10/28/2016

Program Area: Agent Broker**Primary Category:** Agents and Brokers in the FFMs**Secondary Category:** Registration and Training**Question:** I don't believe the Marketplace has captured my National Provider Number (NPN) on a specific enrollment. What should I do?

Answer: When helping a consumer complete a new application or update an existing application using the "Side-by-Side" (i.e., Marketplace) Pathway, the agent or broker should ensure the customer enters his or her name and NPN to get credit for that enrollment. The Direct Enrollment Pathway will automatically capture the agent's or broker's information in the submit enrollment response. An agent or broker or a consumer should not return to the Marketplace (via the Side-by-Side or Direct Enrollment Pathway) to edit an application only for the purpose of adding/changing the NPN on record. Instead, the consumer should be reporting some type of life change when adding/changing the NPN on record.

If an Marketplace-registered agent or broker has a reason to believe his or her NPN should have been included on a Marketplace enrollment transaction and was not, the agent or broker may contact the respective QHP issuer directly to discuss the situation. CMS expects that a QHP issuer would issue compensation to an affiliated agent or broker who is registered to participate in the Marketplace if it is determined from the issuer's, agent's, or broker's records that the agent or broker did in fact assist the consumer, but the NPN was erroneously left off of the enrollment. Such records may include a consent form from the consumer, an issuer's broker of record form, or similar documentation to demonstrate that the consumer was the agent's or broker's consumer for the enrollment in question.

Frequently Asked Question (FAQ)

FAQ ID: 17975 Publish Date: 10/28/2016

Program Area: Agent Broker**Primary Category:** SHOP Marketplace**Secondary Category:** General**Question:** When can businesses sign up for Small Business Health Options Program (SHOP) Marketplace coverage without having to meet the Minimum Participation Rate (MPR) requirement?**Answer:** Small businesses that are interested in enrolling in SHOP Marketplace coverage can enroll between November 15 and December 15 of each year without being required to meet the MPR requirement. In most states, the general rule is that 70% of employees must accept the offer of SHOP Marketplace coverage or be enrolled in other qualified health coverage for a group to participate in a SHOP Marketplace. The MPR Calculator is available to help employers predict if they will meet the MPR required to enroll in the SHOP Marketplace (<https://www.healthcare.gov/small-businesses/shop-calculators-mpr/>).

Frequently Asked Question (FAQ)

FAQ ID: 17979

Publish Date: 10/28/2016

Program Area: Agent Broker**Primary Category:** Agents and Brokers in the FFM**Secondary Category:** Registration and Training**Question:** How can I confirm I have completed all the plan year 2017 registration and training requirements for the Marketplace?**Answer:** The Federally-facilitated Marketplace (FFM) Agent and Broker Registration Completion List (RCL) is the authoritative list of National Producer Numbers (NPNs) issuers use to confirm agents and brokers have completed Marketplace registration and are eligible for compensation for enrolling consumers in Marketplace plans. CMS is now updating the RCL as frequently as daily, and has made it easier for issuers and for agents and brokers to access the RCL Directly at Data.HealthCare.gov (https://data.healthcare.gov/ffm_ab_registration_lists). Remember that agents and brokers must complete all plan year 2017 registration and training requirements prior to assisting consumers.